ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

DESCRIPTION:	Privatization of	of all Correctional Health	h Services	· · · · · · · · · · · · · · · · · · ·
LOCATION/INSTIT	CUTION .	ASPC-Phoenix		
An On-Site Inspection on November 3, 20 Attachment A)		is scheduled at <u>2:00 r</u> with the following	pm Offerors in attendance. (Please ha	 nve Offerors sign on
familiarization with the clarification prior to sube addressed by the Prany questions or coinspection. Questions Offerors that question	ne facility(s) and bmitting a proper courement Serving to the may be faxed to so that the may be faxed to so the may be faxed to so the source of the source	nd to verbally have que osal. Any questions not cices Office. The Offero Procurement Services to the Procurement Services	nity of a visual evaluation of the estions answered concerning in construed as interpretation or claps should be instructed to subsection of the construction of the c	nterpretation or arification must omit in writing ag the on-site Please instruct
This form, and Attachic Code 55302, Fax (602)	nent A, must be 364-3790, upor posal file. Fa	e returned to the Procurer n completion of this meet ailure to return this	t all Offerors in attendance sign ment Services Office, 1601 W. I ting. This form will become a pe is form may result in a c	Jefferson, Mail rmanent record
DOCKEPRESENTAT		TING/SUBMITTING	///3/// DATE	

### ON-SITE INSPECTION AT NDANCE REPORT – ASPC-I penix

### **November 3, 2011**

Attachment A

Company Name: BCA	Company Name: Corcizor
Contact Person: Ramona Mills	Contact Person: David THOMPSON
Address: 2002 Summit Blvd. Ste. 880	Address: 105 Westpark DR
city/State/Zip: Attanta, GA 30319	City/State/Zip: BRENTWOOD TN 37627
Phone Number: <u>678-221-9</u> 003	Phone Number: 615 376 130 8
Fax Number: 478 - 256 - 3548	Fax Number: 615 309.9450
Company Name: Wexford	Company Name:
Contact Person: Edward MCNet	Contact Person:
Address: 425 Holidan Dr.	Address:
City/State/Zip: 1745 burgh, PA 15220	City/State/Zip:
Phone Number: 412-931-8590	Phone Number:
Pax Number: 412 - 937 - 8599	Fax Number:
Company Name: CHC	Company Name:
Contact Person: Grica Burkholder	Contact Person:
Address: 9000 N. Lindberg D.	Address:
City/State/Zip: Prona, IL UIU/5	City/State/Zip:
Phone Number: 419.900.3144	Phone Number:
'ax Number: 180 · 458 · 3449	Fax Number:
Company Name: 082) 700	Company Name:
Contact Person Lors Free Coos Es 200	Contact Person:
(ddress: 105 moss (corc.12 6)	Address:
City/State/Zip: (BOEV81000)	City/State/Zip:
hone Number: 675. 500, 76399	Phone Number:
ax Number:	Fax Number:

### **ON-SITE INSPECTION** AT ENDANCE REPORT - ASPC- oenix

## November 3, 2011 Attachment A

Company Name: Wexford Wealth Sources	Company Name:
Contact Person: Chen Long	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: Ashland City, TN 37015	City/State/Zip:
Phone Number: 615 337 5573	Phone Number:
Fax Number: 615-246-2723	Fax Number:
Company Name: Corrections Health core Companies	Company Name:
Contact Person: J. m. Clenney M. ILYAS TONEY  Address: 6200 S. Survey Line.	Contact Person:
Address: 6200 S. Squeese Way	Address:
City/State/Zip: Covernood Village Co 80111	City/State/Zip:
Phone Number: <u>\$20-366-2135</u>	Phone Number:
Fax Number:	Fax Number:
Company Name: Arka BHI	Common Name
Contact Person: Kilen On to Chrope Moli hand	Company Name:
Address: 1850 GANGWAY BUD #900	Contact Person:
City/State/Zip: Cencold, CA. 54520	Address:
Phone Number: 925. 825. 4700	City/State/Zip:
•	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:

#### **ON-SITE INSPECTION** ATT NDANCE REPORT - ASPC-P enix

### November 3, 2011

Attachment A

SOLICITATION NO: ADOC12-00001105

MHM Services, Owc	
Company Name: DEBORAH CROOK	Company Name:
Contact Person: 1593 Spring Hill Rd	Contact Person:
Address: Suite 600	Address:
City/State/Zip: Vienna VA 22182	City/State/Zip:
Phone Number: 1-600-416-3649	Phone Number:
Fax Number:	Fax Number:
Company Name: Con Zen	Company Name:
Contact Person: Mark Ferung	Contact Person:
Address: 12647 Olive Blud.	Address:
City/State/Zip: St Leus MOU)(0)	City/State/Zip:
Phone Number: 314-919-9478	Phone Number
Fax Number: 314 919 9666	Fax Number;
Company Name: CO11200	Company Name:
Contact Person: Under Hommer	Contact Person:
Address: 2455 Stallight Dr.	Address:
City/State/Zip: Napay Sack Az 86034	City/State/Zip:
Phone Number: 938-477-3788	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:

Fax Number:

### ON-SITE INSPECTION AT NDANCE REPORT - ASPC-F enix

### November 3, 2011 Attachment A

Company Name: MHM Services	Company Name:
Contact Person: Steve Timmons	Contact Person:
Address: 1593 Sfring Hill Rd	Address:
City/State/Zip: V/enna UA 22182	City/State/Zip:
Phone Number: 832-633-0638	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

	•			
DESCRIPTION:	Privatization	of all Correctional Health Se	vices	
LOCATION/INSTI	TUTION	ASPC-Globe		<del></del>
An On-Site Inspectio on <u>November 4, 20</u> Attachment A)		e is scheduled at <u>9:00 am</u> with the following Offe	rors in attendance. (Please have O	 offerors sign or
familiarization with clarification prior to s be addressed by the P any questions or coinspection. Question Offerors that questi	the facility(s) a propulation apropulation appropriate to the smay be faxed one not forwar	and to verbally have question posal. Any questions not consivices Office. The Offerors sleep Procurement Services Office to the Procurement Services	of a visual evaluation of the recast answered concerning interpreted as interpretation or clarificated to submitrate immediately following to Office at (602) 364-3790. Pleathe on-site inspection may retons.	pretation or cation must in writing the on-site ase instruct
This form, and Attach Code 55302, Fax (602 of the request for pr	ument A, must b 3) 364-3790, upo oposal file. F	ce returned to the Procurement on completion of this meeting.	Offerors in attendance sign Atta Services Office, 1601 W. Jeffe This form will become a perma rm may result in a dela	erson, Mail nent record
DOC REPRESENTA	TIVE COMPLI	ETING/SUBMITTING		
TITLE OF REPRESE	NTATIVE ABO	OVE		

## ON-SITE INSPECTION A1\_ENDANCE REPORT - ASPC-\\_.obe

### November 4, 2011

Attachment A

Company Name: Coure Stond Hendthone Co	Company Name:
Contact Person: Jim Clenney and Ted Jolley	Contact Person:
Address: 6700 S. Syracuse	Address:
City/State/Zip: Creenwood Village Co 80111	Clty/State/Zip:
Phone Number: \$20 366 - 213 5	Phone Number:
Fax Number:	Fax Number:
Company Name: ANKA BHI  Contact Person: MG, Li HENWAN   KITERAN GILMORE  Address: 1850 GATEMY BLUD #900  City/State/Zip: CANCERD CA  Phone Number: 925 825 4700	Company Name:  Contact Person;  Address:  City/State/Zip:  Phone Number:
Fax Number:	Pax Number:
Company Name: Charles Wexfird Health	Company Name:
Contact Person: Chery Cong	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: Ashland City TN 37015	Clty/State/Zip:
Phone Number: 615 337 55 73	Phone Number:
Fax Number: 6152462723	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address;
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:

### ON-SITE INSPECTION A\_AENDANCE REPORT - ASPC \_ lobe

### November 4, 2011

#### Attachment A

Company Name: MHM Services	Company Name: Corizon
Contact Person: Steve Timmer	Contact Person: Mark Fleming
Address: 1573 Spring Hill Rol	Address: 12647 Olive Blud.
City/State/Zip: Vienas VA 22/82	City/State/Zip: Sto Lais, MO 6310/
Phone Number: 832 - 633 - 6638	Phone Number: 314-919-9478
Fax Number:	Pax Number: 314-919-9668
ń	
Company Name: CORIZONS	Company Name: Wexford
Contact Person: DAULD [HomPSor]	Contact Person: Edward McNell
Address: 105 WESTPARK DR.	Address: 2425 Holiday br.
City/State/Zip: BRENTWOOD TN 37027	City/State/Zip: Ritts burgh, PA 15220
Phone Number: 6/5 376-1308	Phone Number: 412-937-8590
Fax Number:	Fax Number: 412-937-8599
Company Name: Company Name:	Company Name:
Contact Person: Vickie Bybee	Contact Person:
Address: 4550 S. Fresnost	Address:
city/state/zip: Chandler AZ 85249	City/State/Zip:
Phone Number: 480-456-5706	Phone Number:
²ax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

•			•			
DESCRIPTION:	Privatization of	all Correctiona	l Health Se	rvices	-	· ·
LOCATION/INSTIT	TUTION	ASPC-Perry	ville	<u> </u>		·
An On-Site Inspection on November 7, 20 Attachment A)		•		erors in attend	lance. (Please hav	ve Offerors sign on
The purpose of this Instantial familiarization with the clarification prior to sube addressed by the Prany questions or coinspection. Questions Offerors that questioned being answered due to	he facility(s) and ibmitting a proposi- ocurement Service neerns to the Pi may be faxed to toos not forwarded	to verbally hat al. Any question al. Any question is Office. The rocurement Sthe Procurement immediately	ove question ons not cons Offerors si ervices Of ent Services following	ns answered trued as interj hould be inst fice immedi s Office at (60 the on-site in	concerning interest in the concerning interest in the concerning i	terpretation or rification must mit in writing g the on-site Please instruct
It is the responsibility of This form, and Attach Code 55302, Fax (602) of the request for pro- solicitation process	ment A, must be re 364-3790, upon c pposal file. <b>Fail</b>	eturned to the F ompletion of the ure to return	Procurement his meeting. <b>rn this f</b> o	t Services Off This form w	fice, 1601 W. J Ill become a per	efferson, Mail manent record
DOC REPRESENTAT	TIVE COMPLETI	NG/SUBMITT	 TING	11/7/11	DATE	

# ON-SITE INSPECTION ATTENDANCE REPORT - ASPC-Perryville November 7, 2011 Attachment A SOLICITATION NO: ADOC12-00001105

	_
Company Name: MHM	Company Name: Cortzon
Contact Person: Deb Chook	Contact Person Jana Thompson
Address: 1 593 Spring Hill Rd	Address: 105 Westpark Dr
City/State/Zip: Vienna Va	City/State/Zip: Brantwerd TN 37027
Phone Number: 6364482483	Phone Number: 615 3'76-(308
Pax Number: 703 7494604	Fax Number: 615 309-9430
Company Name: Corizon	Company Name: WEX FORD PALK.
Contact Person: Utckie Bybe &	Contact Person: Another KENT
Address: 4:550 S. Eresnust	Address: P.O. Box 3/11
City/State/Zip: Chandler, A 2	City/State/Zip: Los LunAs, NM 8503/
Phone Number: 480-6576-5706	Phone Number: 505 - 261 - 00 9 3
Fax Number:	Fax Number: <u>606-9/6-0009</u>
Company Name: CHC	Company Name:
Contact Person: Telidiah Smith	Contact Person:
Address: 6200 S Syracusa Way 440	Address:
City/State/Zip: Breeman Village Co 80111	City/State/Zip:
Phone Number: <u>120~622 - <b>8</b>0</u> 56	Phone Number:
Fax Number:	Fax Number:
Company Name: C ttC	Company Name:
Contact Person: Tim Clenney	Contact Person:
Address: 6200 S. Syweric Locy 440	Address:
City/State/Zip: Coreenwood Villago Co. 80fil	City/State/Zip:
Phone Number: 520-38 366-2135	Phone Number:
Ray Numhau	Fax Number:

# ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Perryville November 7, 2011 Attachment A SOLICITATION NO: ADOC12-00001105

Company Name: L1120n	Company Name:
Contact Person: Lincla Hammer	Contact Person:
Address: 2055 Starlight M	Address:
City/State/Zip: Nagay Incl. AZ Show4	City/State/Zip:
Phone Number: <u>08-694-655</u>	Phone Number:
Fax Number:	Fax Number:
Company Name: Wlxfrd Health	Company Name:
Contact Person: Chery Long	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: McMand City JN 37015	City/State/Zip:
Phone Number: 615 33756 73	Phone Number:
Fax Number: (015 246-2723)	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Pax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

DESCRIPTION: Privatization	n of all Correctional Health Services
LOCATION/INSTITUTION	ASPC-Eyman
An On-Site Inspection as cited above on November 8, 2011 Attachment A)	ve is scheduled at <u>9:00 am</u> with the following Offerors in attendance. (Please have Offerors sign or
familiarization with the facility(s) clarification prior to submitting a probe addressed by the Procurement Se any questions or concerns to the inspection. Questions may be faxed Offerors that questions not forward.	allow Offerors the opportunity of a visual evaluation of the required task, and to verbally have questions answered concerning interpretation of opposal. Any questions not construed as interpretation or clarification must ervices Office. The Offerors should be instructed to submit in writing the Procurement Services Office immediately following the on-site d to the Procurement Services Office at (602) 364-3790. Please instructed immediately following the on-site inspection may result in not be time to respond to the questions.
This form, and Attachment A, must Code 55302, Fax (602) 364-3790, up of the request for proposal file.	epresentative to ensure that all Offerors in attendance sign Attachment A be returned to the Procurement Services Office, 1601 W. Jefferson, Mail oon completion of this meeting. This form will become a permanent record Failure to return this form may result in a delay in the
DOC REPRESENTATIVE COMPLETITLE OF REPRESENTATIVE AR	LETING/SUBMITTING 1/6/1/ DATE

### **ON-SITE INSPECTION** ${\bf ATTENDANCE\ REPORT-ASPC-Eyman}$

## November 8, 2011 Attachment A

h.	
Company Name: Mizal	Company Name: MHM
Contact Person: <u>Unda Plamm</u> Cr	Contact Person: KATHY BRISCOE
Address: 2455 Sarvister)	Address: 1593 5 pring Vill &
City/State/Zip: Napoglate, Az 86024	City/State/Zip: Vienna VA
Phone Number: 988-649-655	Phone Number: 636 4482485
Fax Number:	Fax Number: 703 749 4604
Company Name: White Whalth Contact Person: hery Long	Сотрапу Name:
Contact Person:	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: Ashland City TN 37015	City/State/Zip:
Phone Number: 6153375573	Phone Number:
Pax Number: 615 2462723	Fax Number:
Company Name:	Company Name:
Contact Person: 14785   JUDDIANA   JIM CLENKY	Contact Person:
Address: \$200 S. SYNA CUSEE WAY  City/State/Zip: GNEWWOOD WAY. LO	Address:
City/State/Zip: GNEW WOOD WAY, CO.	City/State/Zip:
Phone Number: 720 · 621 · 8023 ·	Phone Number:
Fax Number:	Fax Number:
Company Name: Lifeford flacts	Company Name:
Contact Person: All Laury	Contact Person:
Address: 8510 Cardunal Hell Rd	Address:
City/State/Zip: Kochusti Il 62563	City/State/Zip:
Phone Number: 217-498-5900	Phone Number:
Fax Number: 217-498-5944	Fax Number:

### ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Eyman

### November 8, 2011 Attachment A

Company Name: Covizon	Company Name:
Contact Person: Mark Fleming	Contact Person;
Address: 12647 Dive Blue.	Address:
City/State/Zip: St-Ley's MO 63101	City/State/Zip:
Phone Number: 314-919-9478	Phone Number:
Fax Number: 314-919-9668	Fax Number:
Company Name:	Сотрапу Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zlp:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:

## ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Eyman

### November 8, 2011 Attachment A

Company Name: Coruzon	Company Name:
Contact Person: Vickie Buber	Contact Person:
Address: 4550 S. Freshu ST	Address:
City/State/Zip: Chandler A285249	City/State/Zip:
Phone Number: 470 -656 -570 6	Phone Number:
Fax Number:	Fax Number:
Company Name: (or.zen	Company Name:
Contact Person: David Thompson	Contact Person:
Address: 105 Westpark Deive	Address:
City/State/Zip: Brantweed TN 37027	City/State/Zip:
Phone Number: 6/5 376-1308	Phone Number:
Fax Number: <u>US 309-9438</u>	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
ax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
hone Number:	Phone Number:
ax Number:	Fax Number:
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ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

### SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services
LOCATION/INSTITUTION ASPC-Florence
An On-Site Inspection as cited above is scheduled at 9:00 am on November 9, 2011 with the following Offerors in attendance. (Please have Offerors sign of Attachment A)
The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required tast familiarization with the facility(s) and to verbally have questions answered concerning interpretation of clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification mube addressed by the Procurement Services Office. The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-sit inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instructed office at questions not forwarded immediately following the on-site inspection may result in no being answered due to inadequate time to respond to the questions.
It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Ma Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. Failure to return this form may result in a delay in the solicitation process or a final award being made.
DOC REPRESENTATIVE COMPLETING/SUBMITTING  P. U.A.  DATE

TITLE OF REPRESENTATIVE ABOVE

### ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Florence

### **November 9, 2011**

#### Attachment A

$A_{\bullet}$	
Company Name: 13300	Company Name:
Contact Person: Unda Hammer	Contact Person:
Address: 2455 Starlight or	Address
City/State/Zip: Napy Incl. AZ 86034	City/State/Zip:
Phone Number: 938-699-6500	Phone Number:
Fax Number:	Fax Number:
Δ	
Company Name: onzon	Company Name:
Contact Person: David Thompson	Contact Person:
Address: 105 Westpark Dr.	Address:
City/State/Zip: Brentwast TN 37027	City/State/Zip:
Phone Number: 615 3 76-1308	Phone Number:
Fax Number: 615 309 - 9430	Fax Number:
Company Name: COM/ZOVV	Company Name:
Contact Person: Ulckie Bubee	Contact Person:
Address: 4550 S. Eresno ST	Address:
City/State/Zip: Chandler, 192	City/State/Zip:
Phone Number: 480-656-5706	Phone Number:
Fax Number:	Fax Number:
Company Name: CHC	
Ti Cl / 201	Company Name:
Contact Person: Jin Cloung M. Myon J. Smith	Contact Person:
Address: 6200 S. Symcuse way	Address:
Contact Person: Jin Cleung/M. Hyon/J. Smith Address: 6200 S. Synacuse way City/State/Zip: Greenwood Village Co	City/State/Zip:
thone Number: 570-366-2135	Phone Number:
ax Number:	Fax Number:

## ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Florence

November 9, 2011

Attachment A

Company Name: Walth Malth	Company Name:
Contact Person: Kart & Saude 1	Contact Person:
Address: 8510, Cardina / Cel Road	Address:
City/State/Zip: Kochastal Il 62563	City/State/Zip:
Phone Number: 217-498-5900	Phone Number:
Fax Number: 217 - 498-5944	Fax Number:
11/10/10/10/10/10	
Company Name Will Health	Company Name:
Contact Person: Contact Perso: Contact Person:	Contact Person:
Address: 10/1 Riverview Cane	Address:
City/State/Zip: Aghland City TN 37015	City/State/Zip:
Phone Number: (1/53375575	Phone Number:
Fax Number: 0152546-2723	Fax Number:
Company Name: MHM	Company Name:
Contact Person: Kanty Briscol	•
Address: 1593 Spring Sill Rd	Contact Person:
wantess: 13.12 3 street leaves 100	Address:
, f A	
City/State/Zip: V rema VA	City/State/Zip:
Phone Number: <u>1036 448 2485</u>	City/State/Zip:Phone Number:
Phone Number: <u>1036 448 2485</u>	Phone Number:
Phone Number: <u>\\ \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \</u>	Phone Number:  Fax Number:  Company Name:
Phone Number: <u>\( \) \( </u>	Phone Number:Fax Number:
Phone Number: <u>\0.36 448 2485</u> Fax Number: <u>70 3 749 4604</u> Company Name:	Phone Number:  Fax Number:  Company Name:  Contact Person:
Phone Number: <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>	Phone Number:  Fax Number:  Company Name:  Contact Person:  Address:
Phone Number: <u>\( \) \( </u>	Phone Number:  Fax Number:  Company Name:  Contact Person:  Address:  City/State/Zip:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

LOCATION/INSTITUTION	ASPC-Florence-Picacho
DOCATION INSTITUTION	AST C-Profence-Present
An On-Site Inspection as cited above	is scheduled at 2:00 pm
on November 9, 2011 Attachment A)	with the following Offerors in attendance. (Please have Offerors sign on
familiarization with the facility(s) an olarification prior to submitting a propose addressed by the Procurement Serving questions or concerns to the inspection. Questions may be faxed to Offerors that questions not forward	low Offerors the opportunity of a visual evaluation of the required task, and to verbally have questions answered concerning interpretation or osal. Any questions not construed as interpretation or clarification must ices Office. The Offerors should be instructed to submit in writing Procurement Services Office immediately following the on-site to the Procurement Services Office at (602) 364-3790. Please instruct led immediately following the on-site inspection may result in not
being answered due to inadequate ti	ime to respond to the questions.
It is the responsibility of the DOC Rep. This form, and Attachment A, must be	ime to respond to the questions.  resentative to ensure that all Offerors in attendance sign Attachment A.  returned to the Procurement Services Office, 1601 W. Jefferson, Mail
It is the responsibility of the DOC Rep. This form, and Attachment A, must be Code 55302, Fax (602) 364-3790, upor	resentative to ensure that all Offerors in attendance sign Attachment A. returned to the Procurement Services Office, 1601 W. Jefferson, Mail a completion of this meeting. This form will become a permanent record ailure to return this form may result in a delay in the
It is the responsibility of the DOC Rep. This form, and Attachment A, must be Code 55302, Fax (602) 364-3790, upor of the request for proposal file. Fa	resentative to ensure that all Offerors in attendance sign Attachment A. returned to the Procurement Services Office, 1601 W. Jefferson, Mail a completion of this meeting. This form will become a permanent record ailure to return this form may result in a delay in the
It is the responsibility of the DOC Rep. This form, and Attachment A, must be Code 55302, Fax (602) 364-3790, upor of the request for proposal file. Fa	resentative to ensure that all Offerors in attendance sign Attachment A. e returned to the Procurement Services Office, 1601 W. Jefferson, Mail a completion of this meeting. This form will become a permanent record ailure to return this form may result in a delay in the ward being made.

## ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Florence-Picacho

### November 9, 2011

### Attachment A SOLICITATION NO: ADOC12-00001105

	do	COSTEXA	
Company Name:			Company Name:
Contact Person:		•	Contact Person:
Address:			Address:
City/State/Zip:			City/State/Zip:
Phone Number:			Phone Number:
Fax Number:			Fax Number:
Company Name:			Company Name:
Contact Person:			Contact Person:
Address:			Address:
City/State/Zip:	\		City/State/Zip:
Phone Number:			Phone Number:
Fax Number:			Fax Number:
Company Name:	:		Company Name:
Contact Person:			Contact Person:
Address:			Address:
City/State/Zip:			City/State/Zip:
Phone Number:			Phone Number:
Fax Number:			Fax Number:
Company Name:			Company Name:
Contact Person:			Contact Person:
Address:			Address:
City/State/Zip:			Clty/State/Zip:
Phone Number:			Phone Number:
Fax Number:			Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

#### **SOLICITATION NO. ADOC12-00001105**

DESCRIPTION: Privatization of all Correctional Health Services
LOCATION/INSTITUTION ASPC-Lewis
An On-Site Inspection as cited above is scheduled at 9:00 am
on November 10, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)
The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.
It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record
of the request for proposal file. Failure to return this form may result in a delay in the solicitation process or a final award being made.
DOC REPRESENTATIVE COMPLETING/SUBMITTING DATE

TITLE OF REPRESENTATIVE ABOVE

## ON-SITE INSPECTION A. L'ENDANCE REPORT – ASPC-Lewis

### November 10, 2011

Attachment A

Company Name Color Westerd Health	Company Name: Con 1301
Contact Person: Chery Long	Contact Person: MAR HAMME
Address: 1011 River rew Lane	Address 2450 Starlight 01
City/State/Zip: Athland City TN 37015	City/State/Zip: Nappy Jack, AZ 86634
Phone Number: 015 337 5573	Phone Number: 928 699 - 6556
Fax Number: 615 246 2723	Fax Number:
Company Name: MHM	Company Name: Corizon
Contact Person: KANHEYN BRISCOL	Contact Person: Vickle Bybee
Address:	Address: 4550 S. Fresno ST
City/State/Zip: Vienne, Va	City/State/Zip: Chandber A 2
Phone Number: 636 4482886	Phone Number: 440-656-5706
Fax Number:/	Fax Number:
Company Name: Westerd Malth	Company Name: Correction Health Care
Contact Person: My Hassen	Contact Person: Ted Tolley
Address: 8510 Candinal Will Koad	Address: 1622 MacDais Lh
City/State/Zip: Rochostra M62563	City/State/Zip: Libhuk, TK 79401
Phone Number: 217-498-5900	Phone Number: 520-248-3076
Fax Number: 217-498-59444	Fax Number:
Company Name: Corizon	Company Name:
Contact Person: Land Champson	Contact Person:
address: 105 Westpark Dr	Address:
Sity/State/Zip: Brentwood TN 37027	City/State/Zip:
hone Number: 6/5 367 / 308	Phone Number:
ax Number: 615 309 9438	Fax Number:

# ARIZONA DEPARTMENT OF CORRECTIONS 1601 W. Jefferson, MC. 85302 PHOENIX, ARIZONA 85007

•	
DESCRIPTION: Privatization of	fall Correctional Health Services
LOCATION/INSTITUTION _	ASPC-Tucson
An On-Site Inspection as cited above is	
on November 15, 2011 Attachment A)	with the following Offerors in attendance. (Please have Offerors sig
clarification prior to submitting a propose be addressed by the Procurement Service any questions or concerns to the P inspection. Questions may be faxed to Offerors that questions not forwards being answered due to inadequate tin	
This form, and Attachment A, must be a	esentative to ensure that all Offerors in attendance sign Attachment returned to the Procurement Services Office, 1601 W. Jefferson, M completion of this meeting. This form will become a permanent reco
of the request for proposal file. Fai solicitation process or a final aw	ilure to return this form may result in a delay in t ard being made.
Juha alam-	NoV. 15, 2011
DOC REPRESENTATIVE COMPLET	ING/SUBMITTING DATE
REGIONAL HEALTH ADMINISTRATOR	·
TITLE OF REPRESENTATIVE ABOV	Æ

# ON-SITE INSPECTION ATTENDANCE REPORT - ASPC-Tucson

November 15, 2011 Attachment A

_	
Company Nama: HHM Services Contact Person: Althi Muvvay Address: City/State/Zip: Phone Number: 773-48-040 Fax Number:	Company Name: Lower Kind Health Companies Contact Person: Tell Tolley Address: 62005. Sy as wellay City/State/Zip: Greenwood village, Co Phone Number: 5202483876 8611
Contact Person: David Thumpson  Address: 105 Westpark Dr.  City/State/Zip: Brentward TN 37027  Phone Number: 6/5 376 / 308  Pax Number: 6/5 309 9430	Company Name: Correspond Head Home Comp  Contact Person: In Clamey  Address: 6200 S - Squares Go  City/State/Zip: Greenwood V. Maye Go  Phone Number: 520-366-2135  Fax Number:
Company Name: Cori Expl  Contact Person: Kyle Squilt  Address: 105 West Fact Dr. St. 26  City/State/Zip: Breat 1000, TN 3702 J  Phone Number: 615-569-6250  Pax Number: 615-369-9436	Company Name: Welford Health Contact Person (Nevy) Long Address: 101 Revenues lane City/State/Zip: ASM and Coff TW 37015 Phone Number: 1015630 3091 Pax Number:
company Name: Corizon  contact Person: Mark Femins  Address: 12647 Olive Blud.  chy/State/Zip: St. Louis Mo 63101  Phone Number: 314-919-9478  Pax Number: 314-919-9668	Company Name: Werford Halth Contact Person: Malerlan Wilkim Address: 125 Jena La City/State/Zip/cap Verd A2 Phone Number: 723-202-6782 Fax Number:

### ON-SITE INSPECTION ATTENDANCE REPORT - ASPC-Tucson

November 15, 2011
Attachment A
SOLICITATION NO: ADOC12-00001105

, · · · · · · · · · · · · · · · · · · ·	,
Company Name: Tom HASSEN Westerd	Company Name:
Contact Person: Tom HASSEN	Contact Person:
Address: 8510 Cardinal Youl Rd.	Address:
City/State/Zip: Rochestu Slassi3	City/State/Zip:
Phone Number: 217-448-5900	Phone Number:
Pax Number: 317,2498-59444	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Addross;	Address:
City/State/Zip:	City/State/Zip;
Phone Number:	Phone Numbers
Fax Number:	Fax Numbert
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person;
Address:	Addross:
City/State/Zip:	City/State/Zip;
hone Number:	Phone Number:
ax Number:	Fax Number:

## ON-SITE INSPECTION INSTRUCTIONS FOR DOC REPRESENTATIVE

**SOLICITATION NO: ADOC12-00001105** 

The on-site inspection is for the Offerors to visually inspect the site and familiarize themselves with the facility prior to submitting a proposal. The DOC Representative shall tour the facility with the Offerors in the areas of the facility that the services specified is to be performed.

Should the Offerors have questions of clarification or interpretation of a generic nature in the solicitation; these can be answered by the DOC Representative. If the Offerors have any questions that would change the scope of work or specifications in the solicitation, these can only be changed through the Procurement Services Office via a solicitation amendment. If these types of questions arise, please identify to the Offerors that they must submit their questions, in writing immediately to the Procurement Services Office after the on-site inspection.

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

DESCRIPTION: Privatization of all Correctional Health Services
LOCATION/INSTITUTION ASPC-Tucson-SACRC Unit
An On-Site Inspection as cited above is scheduled at2:00 pm
The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.
It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record of the request for proposal file. Failure to return this form may result in a delay in the solicitation process or a final award being made.
DOC REPRESENTATIVE COMPLETING/SUBMITTING  DATE  TITLE OF REPRESENTATIVE ABOVE

### ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Tucson-SACRC Unit

### November 15, 2011

#### Attachment A

- A	JONE-
Company Name;	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Pax Number:	Fax Number:
Champani Maida.	
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Namber:
Pax Number:	Fax Number
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

DESCRIPTION:	Privatization	of all Correctional Health	ı Services	***************************************
LOCATION/INSTIT	UTION	ASPC-Winslow		<u> </u>
An On-Site Inspection on November 16, 20 Attachment A)		is scheduled at9:00 a with the following	m Offerors in attendance. (Ple	ase have Offerors sign o
familiarization with the clarification prior to subbe addressed by the Proany questions or confine time. Questions that questions that questions	e facility(s) as committing a proportion of the curement Servicerns to the may be faxed as not forward.	nd to verbally have que tosal. Any questions not o vices Office. The Offero Procurement Services to the Procurement Serv	nity of a visual evaluation of stions answered concerning construed as interpretation or should be instructed to Office immediately followices Office at (602) 364-37 ing the on-site inspection uestions.	ng interpretation of or clarification mus o submit in writing lowing the on-site 190. Please instruc
This form, and Attachn Code 55302, Fax (602)	ient A, must bo 364-3790, upo posal file. F	e returned to the Procurer on completion of this meet ailure to return this	all Offerors in attendance nent Services Office, 1601 ing. This form will become s form may result in	W. Jefferson, Mai a permanent record
DOC REPRESENTAT	. ()			

### ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Winslow

### November 16, 2011 Attachment A

Company Name: MHM	Company Name: Wenterd Hea
Contact Person: Deborah Crook	Contact Person Cheny Lone
Address: 1593 Spring Hill Rd	Address: 1011 Riverview Que
City/State/Zip: Vienna VA 22188	City/State/Zip: A5hland Colu
Phone Number: 334-549-2552	Phone Number: (015 337-5573)
Fax Number 703 749-4600	Fax Number:
C & M. M. Co	
Company Name: Correduced Heather Co.	Company Name:
Contact Person: F.m. Cleaney	Contact Person:
Address: 6200 S. Synacuse Way	Address:
City/State/Zip: Greenwood U. Mage, Co	City/State/Zip:
Phone Number: 520-366-2135	Phone Number:
Fax Number:	Pax Number:
Company Name: Crizon	Company Name:
Contact Person: Linda Panma	Contact Person:
Address: 2455 Stonlight Dr.	Address:
City/State/Zip: NOPPG QUL, AZ 86080	City/State/Zip:
Phone Number 938 - 49 - 4554	Phone Number:
Fax Number:	Pax Number:
Company Name: Westerd Health	Company Name:
Contact Person: Jan Wassen	Contact Person:
Address: 8510 Carolinal Yclel Kol	Address:
City/State/Zip: Kochestal, \$162563	City/State/Zip:
Phone Number: 217-498-5900	Phone Number:
Fax Number: 217-498-6944	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

DESCRIPTION: Privatization of all Correctional Health Services
LOCATION/INSTITUTION ASPC-Winslow-Apache
An On-Site Inspection as cited above is scheduled at 2:00 pm
on November 16, 2011 with the following Offerors in attendance. (Please have Offerors sign on Attachment A)
The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required task, familiarization with the facility(s) and to verbally have questions answered concerning interpretation or clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification must be addressed by the Procurement Services Office. The Offerors should be instructed to submit in writing any questions or concerns to the Procurement Services Office immediately following the on-site inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instruct Offerors that questions not forwarded immediately following the on-site inspection may result in not being answered due to inadequate time to respond to the questions.
It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachment A. This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Mail Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent record
of the request for proposal file. Failure to return this form may result in a delay in the
Solicitation process or a final award being made.
DOC REPRESENTATIVE COMPLETING/SUBMITTING DATE
TITLE OF REPRESENTATIVE ABOVE

# **ON-SITE INSPECTION** ATTENDANCE REPORT – ASPC-Winslow-Apache November 16, 2011 Attachment A SOLICITATION NO: ADOC12-00001105

0 0 1	
Company Name: Wliferd Health	Company Name:
Contact Person: Chery Long	Contact Person:
Address: 1011 Kiverview Lane	Address:
City/State/Zip: 18 Mand City, TN 37015	City/State/Zip:
Phone Number: 6 56 30 30 9	Phone Number:
Fax Number:	Fax Number:
••	
Company Name: C+C	Company Name:
Contact Person: J. L. Cleanep	Contact Person:
Address: 6200 S Synause Cog	Address:
City/State/Zip: Greenwood Villege Co	City/State/Zip:
Phone Number: 520-366-2135	Phone Number:
Fax Number:	Fax Number:
Company Name: Waford Hearth	Company Name:
Contact Person: John Wassen	Contact Person:
Address: 8510 Cardinal Hill Rd.	Address:
City/State/Zip: Rockustu IL 6283	City/State/Zip:
Phone Number: 217-498-5900	Phone Number:
Pax Number: 217-498-5944	Fax Number:
Company Name: MAN Services Inc	Company Name:
Contact Person: Deborah Ceark	Contact Person:
Address: 6937 Crook Rd	Address:
City/State/Zip: Minter AZ 3676/	Clty/State/Zip:
Phone Number: 334 5492552	
	Phone Number:
Fax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55362
PHOENIX, ARIZONA 85007

DESCRIPTION:	Privatization of	f all Correctional Healt	h Services	
LOCATION/INSTITU	TION	ASPC-Douglas		
An On-Site Inspection a	s cited above is	s scheduled at9:00 a	am_	
on November 17, 201 Attachment A)	1	with the following	Offerors in attendance, (Pleas	e have Offerors sign or
familiarization with the clarification prior to subtone addressed by the Procany questions or continspection. Questions n	e facility(s) and mitting a propose curement Service cerns to the I hay be faxed to s not forwards	to verbally have que sal. Any questions not o ces Office. The Offero Procurement Services the Procurement Services ed immediately follow	mity of a visual evaluation of estions answered concerning construed as interpretation or ers should be instructed to a Office immediately followices Office at (602) 364-379 ring the on-site inspection ruestions.	interpretation of clarification mus- submit in writing wing the on-site 0. Please instruct
This form, and Attachme	ent A, must be i	returned to the Procure	t all Offerors in attendance si ment Services Office, 1601 V ting. This form will become a	V. Jefferson, Mail
of the request for prop	osal file. Fai	ilure to return thi	s form may result in	
solicitation process	or a final aw	ard being made.		·
DOC REPRESENTATION	VE COMPLET	TNG/SUBMITTING	4/17/4 DATE	
THE OF PERPERENT	UA			
TITLE OF REPRESENT	(AIIAB WRAITWI	/ IC)		

# ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Douglas November 17, 2011 Attachment A SOLICITATION NO: ADOC12-00001105

Company Name: Correctional Health Cave Co.	Company Name:
Contact Person; Ted Julley	Contact Person:
Address: 6200 5. 5416ccse lung	Address:
City/State/Zip: Creenwood Willage Co soul	City/State/Zip:
Phone Number: 8-20 - 2483076	Phone Number:
Pax Number:	Fax Number:
Company Name: COLIZOW	Company Name:
Contact Person: VICKIE Byber	Contact Person:
Address: 4550 S. Fresno ST	Address:
City/State/Zip: Chandler A 2 852N 9	Clty/State/Zip:
Phone Number: 480-656-5706	Phone Number:
Fax Number:	Fax Number;
Company Name: Waffred Affalth	Company Name:
Contact Person: My Classen	Contact Person:
Address: 8510 Cardinal Hill Ry	Address:
City/State/Zip: Kachesly Sl 62563	City/State/Zip;
Pinone Number: 217-498-5906	Phone Number:
Fax Number: 3172198 -5944	Fax Number:
Company Name Woxford Health	Company Name:
Contact Person: Chery Com	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: As March Coty 7037015	City/State/Zip:
Phone Number: 6/53375\$ 73	Phone Number:
ax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

### SOLICITATION NO. ADOC12-00001105

DESCRIPTION: Privatization of all Correctional Health Services	_
LOCATION/INSTITUTION ASPC-Douglas-Papago	<del></del>
An On-Site Inspection as cited above is scheduled at 2:00 pm on November 17, 2011 with the following Offerors in attendance. (Please have Offerors & Attachment A)	ilgn on
The purpose of this Inspection is to allow Offerors the opportunity of a visual evaluation of the required familiarization with the facility(s) and to verbally have questions answered concerning interpretation clarification prior to submitting a proposal. Any questions not construed as interpretation or clarification be addressed by the Procurement Services Office. The Offerors should be instructed to submit in wrany questions or concerns to the Procurement Services Office immediately following the on inspection. Questions may be faxed to the Procurement Services Office at (602) 364-3790. Please instructed to submit in wrange of the procurement Services Office at (602) 364-3790. Please instructed as inspections are concerns to the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790. Please instructed as interpretation of the procurement Services Office at (602) 364-3790.	on or must iting i-site truct
It is the responsibility of the DOC Representative to ensure that all Offerors in attendance sign Attachmet This form, and Attachment A, must be returned to the Procurement Services Office, 1601 W. Jefferson, Code 55302, Fax (602) 364-3790, upon completion of this meeting. This form will become a permanent re of the request for proposal file. Failure to return this form may result in a delay in solicitation process or a final award being made.	Mail cord
DOC REPRESENTATIVE COMPLETING/SUBMITTING DATE	

TITLE OF REPRESENTATIVE ABOVE

# ON-SITE INSPECTION ATTENDANCE REPORT -- ASPC-Douglas-Papago November 17, 2011 Attachment A SOLICITATION NO: ADOC12-00001105

-
Contact Person:
Address:
City/State/Zip:
Phone Number:
Fax Number:
Company Name:
Contact Person:
Address:
City/State/Zip:
Phone Number:
Fax Number:
Company Name:
Contact Person:
Address:
Address:
Address:
City/State/Zip:
City/State/Zip: Phone Number:
City/State/Zip: Phone Number:  Fax Number:
City/State/Zip: Phone Number:  Fax Number:  Company Name:
City/State/Zip: Phone Number:  Fax Number:  Company Name:  Contact Person:
City/State/Zip: Phone Number:  Fax Number:  Company Name:  Contact Person:  Address:

**ARIZONA** DEPARTMENT OF CORRECTIONS 1601 W. Jefferson, MC. 55302 PHOENIX, ARIZONA 85007

#### **SOLICITATION NO. ADOC12-00001105**

DESCRIPTION: Privatization of	of all Correctional Health Services
LOCATION/INSTITUTION	ASPC-Safford-Ft, Grant
An On-Site Inspection as cited above on November 18, 2011 Attachment A)	is scheduled at <u>2:00 pm</u> with the following Offerors in attendance. (Please have Offerors sign on
familiarization with the facility(s) an clarification prior to submitting a prope be addressed by the Procurement Servi any questions or concerns to the inspection. Questions may be faxed t	ow Offerors the opportunity of a visual evaluation of the required task, do to verbally have questions answered concerning interpretation or osal. Any questions not construed as interpretation or clarification must ices Office. The Offerors should be instructed to submit in writing Procurement Services Office immediately following the on-site of the Procurement Services Office at (602) 364-3790. Please instruct led immediately following the on-site inspection may result in not ime to respond to the questions.
This form, and Attachment A, must be Code 55302, Fax (602) 364-3790, upon	resentative to ensure that all Offerors in attendance sign Attachment A. returned to the Procurement Services Office, 1601 W. Jefferson, Mail completion of this meeting. This form will become a permanent record illure to return this form may result in a delay in the ward being made.
DOC REPRESENTATIVE COMPLETITLE OF REPRESENTATIVE ABO	

### **ON-SITE INSPECTION** ATTENDANCE REPORT - ASPC-Safford-Ft. Grant

### November 18, 2011 Attachment A

Company Name: Corrzon	Company Name:
Contact Person: UICKie Bubere	Contact Person:
Address: 4550 S. Fresnost	Address:
City/State/Zip: Chandler AZ	City/State/Zip:
Phone Number: 480-656-5206	Phone Number:
Fax Number:	Fax Number:
	•
Company Name: Wexcerd Health	Company Name:
Address: WI Riverview Lane	Contact Person:
	Address:
City/State/Zip: Ashland Coty TN 37015	City/State/Zip:
Phone Number: 615 337 55 43	Phone Number:
Fax Number:	Fax Number:
Company Namé: Wexford Health	Company Name:
Contact Person: Tom Hassen	Contact Person:
Address: 8510 Cardinal Youl Rol	Address:
City/State/Zip: Rochesta Il 62563	City/State/Zip:
Phone Number: 2 17 - 498 - 5900	Phone Number:
Fax Number: 217 -498 -5944	Fax Number:
Company Name: Louve Koin O Health Can Co.	Company Name:
Contact Person: Test Tolley	Contact Person:
Address: 6200 Si Sydacuse Way	Address:
Address: 6200 5. Sydacuse way City/State/Zip: 6 reaccord Whase, 6, 8011	City/State/Zip:
Phone Number: 57202483076	Phone Number:
Fax Number:	Fax Number:

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

•	
DESCRIPTION: Privatization	of all Correctional Health Services
LOCATION/INSTITUTION	ASPC-Safford
An On-Site Inspection as cited above	
on November 18, 2011 Attachment A)	with the following Offerors in attendance. (Please have Offerors sign or
familiarization with the facility(s) a clarification prior to submitting a pro- be addressed by the Procurement Ser any questions or concerns to the inspection. Questions may be faxed	allow Offerors the opportunity of a visual evaluation of the required task and to verbally have questions answered concerning interpretation or posal. Any questions not construed as interpretation or clarification must rvices Office. The Offerors should be instructed to submit in writing a Procurement Services Office immediately following the on-site it to the Procurement Services Office at (602) 364-3790. Please instructed immediately following the on-site inspection may result in not time to respond to the questions.
This form, and Attachment A, must be Code 55302, Fax (602) 364-3790, upon of the request for proposal file.	epresentative to ensure that all Offerors in attendance sign Attachment A. be returned to the Procurement Services Office, 1601 W. Jefferson, Mail on completion of this meeting. This form will become a permanent record Failure to return this form may result in a delay in the
solicitation process or a final a	awaru beng made.
DOC REPRESENTATIVE COMPLE	ETING/SUBMITTING USE DATE
TITLE OF REPRESENTATIVE AB	OVE

# ON-SITE INSPECTION ATTENDANCE REPORT – ASPC-Safford November 18, 2011

Attachment A

Company Name: Corizon	Company Name:
Contact Person: UKKIE Bybee	Contact Person:
Address: 4550 S. Fresnos T	Address:
City/State/Zip: Chandler, AZ 85249	City/State/Zip:
Phone Number: 480-656-5706	Phone Number:
Fax Number:	Fax Number:
	,
Company Name: Wexford dealth	Company Name:
Contact Person: Chey Lone	Contact Person:
Address: 1011 Riverview Lane	Address:
City/State/Zip: Ashland City TN 37015	City/State/Zip:
Phone Number: 615 337 5573	Phone Number:
Pax Number:	Fax Number:
Company Name: Uperford / Deall	Company Name:
Contact Person: Was Daysen	Contact Person:
Address: 8510 Carolinal goll Rel	Address:
City/State/Zip: Rochester U62563	City/State/Zip:
Phone Number: <u>217-498-590</u> 0	Phone Number:
Fax Number: 217-498-5944	Fax Number:
Company Name: Covvectional HealthCare Co.	Company Name:
Contact Person: Ted Jolley	Contact Person:
Address: 62005. Syracuschay	Address:
City/State/Zip: Green word Village, 6 80(1)	City/State/Zip:
Phone Number: 5202483076	Phone Number:
Fax Number:	Fax Number: